

Blank Application Form





Missouri Secretary of State

Local Records Preservation Program FY 2010 Grant Application

James C. Kirkpatrick State Information Center

PO Box 1747, Jefferson City, MO 65102

State Senate District:

State House District:

Applicant Agency:

County:

Agency Head Name, Title:

Address:

Telephone:

Fax:

E-mail:

Federal Employer Identification Number (FEIN):

Would you like your funds electronically deposited? ☐ YES ☐ NO

Authorizing Agency (if different from above):

Authorizing Official Name, Title:

Address:

Telephone:

Fax:

E-mail:

Primary Project Contact Name, Title:

Address:

Telephone:

Fax:

E-mail:

Application Prepared by (Name, Title):

Address:

Telephone:

Fax:

E-mail:

Date:

Missouri Secretary of State
Local Records Preservation Program
FY 2010 GRANT PAYMENT PAYEE FORM

This form identifies the local government agency/institution/organization to which grant funds will be made payable. This agency/institution/organization will also receive processing documentation of Local Records grant payment.

Payment Payee Information:

1. List the name and address of the payment payee – do not include an individual's name **only the name and address of the local government agency to which payment must be made.**

AGENCY: _____

ADDRESS: _____
Address, city, zip

Note: Grant payment documentation will also be mailed to the **project contact** designated on the applicant identification page.

LOCAL RECORDS USE ONLY:

Verified SAM II Vendor number _____

Payment method: *EFT* / *Check*

Project Contact mailing info:

FY10 Project Proposal Narrative

1. Statement of Purpose

2. Project Summary

3. Detailed Timeline and Work Plan

4. Project Objectives

5. Evaluation of Project Results

6. Statement of Previous Actions

7. Impact of this Project and its Importance in Terms of Long-Range Planning

8. Budget Detail, Explanation, and Justification

9. Funding Source

10. Interest-bearing Account Information

11. Accounting Methods and Audit Procedures

BUDGET SUMMARY

Budget Category	Grant Funds	+ Cash Match	+ In-Kind	= TOTAL
<i>Personnel</i>	\$	\$	\$	\$
<i>Supplies</i>	\$	\$	\$	\$
<i>Travel</i>	\$	\$	\$	\$
<i>Vendor</i>	\$	\$	\$	\$
<i>Consultant</i>	\$	\$	\$	\$
<i>Other: Specify below</i>				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<i>Shelving (Standard Metal)</i>	\$	\$	\$	\$
Subtotals	\$ (70% maximum)	\$ (10% minimum)	\$	\$
<i>Equipment: Specify below</i>	50% GRANT Funds Maximum	50% CASH + Match Minimum		= TOTAL
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
Subtotals	\$	\$		\$
Grant Funding Requested	\$ 		TOTAL Project Cost	\$
<i>Certification of Authority to Secure and Encumber Project Funds</i>				
Printed Name/Title of Authorizing Official (Blue Ink)			Date	
Signature of Authorizing Official				

Missouri Secretary of State
Local Records Preservation Program
FY 2010 Grant Application
Records to be Microfilmed

*This form **must** accompany a microfilming grant application. **Provide one form for each record series.***

Retention Schedule title/date and page/entry number of the record series below:

Office of Origin: _____

Records Series Title: _____

Inclusive Dates: _____

Arrangement: _____

Information Content: _____

Format:

- ☐ Bound volumes
☐ Loose leaf files
☐ Continuous computer paper
☐ Aperture Cards

Quantity:

_____ Number of volumes

_____ Estimate number of pages per volume

_____ Estimate number of loose leaf pages

_____ Estimate number of aperture cards _____ Images per card

Size(s):

- ☐ 5 x 7
☐ 8 ½ x 11
☐ 8 ½ x 14
☐ 11 x 17
☐ Other: (Describe/Explain) _____

Pages Per 35mm Frame:

- ☐ 1
☐ 2 (Requires Local Records approval)
☐ Other (Describe/Explain) _____

Additional Information: _____

Missouri Secretary of State
Local Records Preservation Program
FY 2010 Grant Application
Reader/Printer or Scanner Request Form

1. Do you currently have records on microfilm reels or fiche?
☐ YES
☐ NO
2. If yes, how many reels of film do you currently have and what size film is it?
Quantity of fiche?

☐ _____ 35mm _____ 16mm REELS
☐ _____ FICHE
3. How often is the microfilm, or original records, used and what is the estimated number of searches completed?
☐ Daily _____
☐ Weekly _____
☐ Monthly _____
4. What type of reader/printer/scanner equipment are you requesting?
☐ Analog Reader/Printer
☐ Digital Reader/Printer
☐ Reader/Scanner
☐ Other (identify/describe _____)
5. Will a microfiche attachment be needed?
☐ YES
☐ NO
6. Will you need a workstation for this desired equipment?
☐ YES
☐ NO
7. Vendor Reader/Printer Specifications and Costs, including any costs for delivery, installation and training, must be included as a support attachment. ***Grant project funds or local match cannot be used for the purchase of maintenance contracts.***

NOTE: At various times, state or federal contract purchase of equipment is available to local governments. Contact the State of Missouri Cooperative Purchasing Program at Phone: 573-751-2387 or E-mail: purchmail@mail.state.mo.us . Federally contracted equipment is available through the GSA; check with your vender for this option.

ADDITIONAL SUPPORT MATERIAL ARRANGED IN THIS ORDER

- ***Required*** Letter of Commitment
- ***Required When Appropriate*** Identification of services, floor plans, equipment, supplies, etc. with cost documentation
- ***Required*** Résumés of project personnel, consultant, volunteers, etc.
- ***Required When Appropriate*** Applicable additions or other relevant information/materials
- ***Optional Electronic Fund Transfer*** form– Complete only one form and attach it to the original application
- ***Required Application Checklist***



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR ACH/EFT APPLICATION

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR (INCLUDING STATE EMPLOYEE) INSTRUCTIONS ON REVERSE SIDE

DESCRIPTION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL			
TAXPAYER ID TYPE (CHECK ONE) <input type="checkbox"/> 1 = FED BUS ID <input type="checkbox"/> 2 = SSN		TAXPAYER ID NUMBER	
VENDOR NAME (30 CHARACTERS MAXIMUM)		LEGAL NAME OF ENTITY OR INDIVIDUAL (30 CHARACTERS MAXIMUM)	
ADDRESS		TELEPHONE NUMBER WITH AREA CODE	
CITY	STATE	ZIP CODE	

SECTION B: TO BE COMPLETED BY STATE EMPLOYEE ONLY (OTHER VENDOR SKIP THIS SECTION)

HOME ADDRESS		HOME PHONE NUMBER
CITY	STATE	ZIP CODE

SECTION C: TO BE COMPLETED BY SUBMITTING VENDOR (INCLUDING STATE EMPLOYEE)

FINANCIAL INSTITUTION NAME		IF CHANGE PLEASE INDICATE PREVIOUS FINANCIAL INSTITUTION NAME	
FINANCIAL INSTITUTION ADDRESS		FINANCIAL INSTITUTION TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	
DEPOSITOR ROUTING NUMBER		IF CHANGE PLEASE INDICATE PREVIOUS ROUTING NUMBER	
DEPOSITOR ACCOUNT NUMBER		IF CHANGE PLEASE INDICATE PREVIOUS ACCOUNT NUMBER	
DEPOSITOR ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING			

SECTION D: FINANCIAL INSTITUTION CERTIFICATION

I certify that the above Depositor Routing Number and Depositor Account Number to be true and accurate for the Vendor.

FINANCIAL INSTITUTION NAME	AUTHORIZED SIGNATURE	DATE
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SECTION E: VENDOR AUTHORIZATION

☐ I (we) hereby authorize the State of Missouri, to initiate credit entries to my (our) account indicated above at the depository financial institution named above, and to credit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until the State of Missouri, Office of Administration has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.

☐ I (we) hereby cancel my/our ACH/EFT authorization.

AUTHORIZED VENDOR REPRESENTATIVE OR STATE EMPLOYEE SIGNATURE	DATE
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SECTION F: STATE AGENCY USE ONLY

I have reviewed the Vendor information for completeness and accuracy

AUTHORIZED AGENCY SIGNATURE	DATE	TELEPHONE NUMBER
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SECTION G: OFFICE OF ADMINISTRATION USE ONLY

I have reviewed and entered the above information

SIGNATURE	DATE	VERIFICATION SIGNATURE	DATE
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VENDOR ACH/EFT APPLICATION INSTRUCTIONS

Fill in the appropriate boxes as described below

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR (INCLUDING STATE EMPLOYEE)

DESCRIPTION

Check the appropriate box for this submission

TAXPAYER ID TYPE

Check 1 if your taxpayer ID is a Federal Employers Identification number (FEIN) or 2 if your taxpayer ID is a Social Security Number (SSN)

TAXPAYER ID NUMBER

Enter the FEIN or SSN associated with the legal name of the entity or individual

VENDOR NUMBER (11 DIGITS)

If known, enter the vendor number assigned to your business or individual by the State of Missouri

VENDOR NAME

Enter the name of the entity or individual: **Individual** - Enter your name (Last Name, First Name and Middle Initial)

Sole Proprietor - Enter name of Business **Corporation** - Enter your Doing Business As (DBA) name **Other** - Enter your entity's name

LEGAL ENTITY NAME

Enter Legal Name of Entity or Individual as filed with IRS: **Individual** - Enter your name (Last Name, First Name and Middle Initial)

Sole Proprietor - Enter owner's name (Last Name, First Name and Middle Initial) **Corporation** - Enter your name as it appears on the charter or other legal document creating it and as filed with the IRS **Other** - Enter your entity's name as filed with the IRS

ADDRESS

Enter your mailing address

TELEPHONE NUMBER

Enter your telephone number with area code

CITY, STATE, ZIP CODE

Enter your city, state and zip code for the street address

SECTION B: TO BE COMPLETED BY STATE EMPLOYEE ONLY

HOME ADDRESS

Enter your home address

HOME PHONE NUMBER

Enter your home phone number

CITY, STATE, ZIP CODE

Enter your city, state and zip code for the address

SECTION C: TO BE COMPLETED BY SUBMITTING VENDOR

FINANCIAL INSTITUTION NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER

Enter in this information provided to you by your bank

NOTE: If this is a request for a "CHANGE" please provide your previous financial institution name in the space provided

DEPOSITOR ROUTING NUMBER

Enter your financial institution's routing number

NOTE: If this is a request for a "CHANGE" please provide your previous routing number in the space provided

DEPOSITOR ACCOUNT NUMBER

Enter your account number

NOTE: If this is a request for a "CHANGE" please provide your previous account number in the space provided

DEPOSITOR ACCOUNT TYPE

Please select type of account (savings or checking)

SECTION D: FINANCIAL INSTITUTION CERTIFICATION

FINANCIAL INSTITUTION CERTIFICATION

Application must be signed by a representative of your bank after bank verification

NOTE: If this section of the application is not completed the application will be returned and not processed

SECTION E: VENDOR AUTHORIZATION

VENDOR AUTHORIZATION

Must be signed by an authorized representative or state employee before application can be processed by the Office of Administration, Division of Accounting

MAILING INSTRUCTIONS

Fax completed application to the Office of Administration at 573-526-9813. If you do not have access to a fax machine, mail the completed application to the Office of Administration, Division of Accounting, Truman State Office Building, PO Box 809, Jefferson City, MO 65102. The application may also be mailed to Agency you are doing business with at this time for processing

GENERAL INSTRUCTIONS

If the applicable sections of this application are not complete, the application will not be processed by the Office of Administration, Division of Accounting

ACH transactions will be effective approximately one month after the application is approved by the Office of Administration, Division of Accounting

Changing Financial Institution or Depositor Account (within the same Financial Institution)-All deposits will continue to be deposited into your present account until the Office of Administration, Division of Accounting has been notified that you have changed your banking information. At which time you will need to submit a new Vendor ACH/EFT Application making sure to check the appropriate "CHANGE" box at the top of the form, and completing the applicable fields on this form

NOTE: Failure to obtain the Financial Institution Certification may result in delayed payments to vendor. Do not close an old account until the first transaction has been deposited into your new account.

FY 2010 Applicant Checklist

Applications must be postmarked no later than March 1, 2010

Submit the completed checklist with your application. Application pages must be arranged in this order.

APPLICANT IDENTIFICATION

- ☐ Senate/Representative Districts Provided
- ☐ Applicant, Government Entity and Project Contact Identified
- ☐ Federal Employer Identification Number (FEIN) Provided
- ☐ "YES" or "NO" Decision Checked for Electronic Fund Transfer
- ☐ Application Preparer Identified

☐ GRANT PAYMENT PAYEE FORM

PROJECT PROPOSAL NARRATIVE includes

- ☐ Statement of Purpose
- ☐ Project Summary
- ☐ Timeline and Detailed Work Plan
- ☐ Project Objectives
- ☐ Evaluation of Project Results
- ☐ Statement of Previous [records management/preservation] Actions Provided
- ☐ Impact of Project in Terms of Long Range Planning Stated
- ☐ Budget Detail, Explanation and Justification for expenditures Provided
- ☐ Funding Source Indicated and need for grant funds justified
- ☐ Interest-bearing Account Information Provided
- ☐ Accounting Methods and Audit Procedures Addressed

BUDGET SUMMARY

- ☐ Summary Sheet Completed with Correct "Budget Detail" Page, Totals Rounded to Nearest Dollar
- ☐ Authorized Official's Signature Is Affixed

☐ RECORDS TO BE MICROFILMED FORM/S, IF APPLICABLE

☐ READER/PRINTER REQUEST FORM, IF APPLICABLE

☐ LETTER OF COMMITMENT with percentage match level/s indicated

ADDITIONAL SUPPORT MATERIAL (Required unless otherwise noted)

- ☐ Identification of services, supplies, vendor quotes, etc. with cost documentation
- ☐ Floor plan/s (applicable only for shelving and/or renovation projects)
- ☐ Résumés of project personnel, consultant, volunteers, etc.
- ☐ Appropriate Additions (letters of support, sample forms, and photographs, etc.) and other relevant information, optional
- ☐ **Vendor Input Form** for setting up or changing an account with the State of Missouri for payments
- ☐ **ACH/EFT form** for electronic bank deposit of grant payment/s **in original application only** if establishing a new, or changing an existing account in the state financial system

☐ APPLICATION CHECKLIST

- ☐ **Original plus 5 photocopies. NO 3-RING BINDERS OR FOLDERS. Paperclip or binder clip the original and staple each of the copies.**